SENDER: I also wish to receive the ■Complete items 1 and/or 2 for addition following services (for an Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you. extra fee Attach this form to the front of the mailpiece, or on the back if space does not permit.

Wifte "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered. 2.

Restricted Delivery Consult postmaster for fee. 14a Article Number 3. Article Addressed to: your RETURN ADDRESS completed 7001 0360 0003 6676 5206 CT Corporation System 4b. Service Type Registered Agent for ☐ Registered ☐ Certified **Dow Chemical Company** ☐ Express Mail ☐ Insured 111 Eighth Avenue ☐ Return Receipt for Merchandise ☐ COD New York, NY 10019 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: Donlestic Return Receipt PS Form 3811, December 1994 First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fees Paid USPS Permit No. G-10 Print your name, address, and ZIP Code in this box U. S. EPA Attn: Barbara Nann (6RC-S) 1445 Ross Avenue Dallas, Texas 75202

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